


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED  
Mar 01, 2005 08:00 AM  
Secretary of State**

DOCUMENT # B97000000312 1. Entity Name GUARANTEE PROPERTIES LIMITED PARTNERSHIP					
Principal Place of Business 10654 SUNSET POINT LANE FISHERS IN 46038			Mailing Address 10654 SUNSET POINT LANE FISHERS IN 46038		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-1755060	Applied For Not Applicable
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P. O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$45.00	10. Amount of Capital Contributions in FLORIDA to date.		



1ST MOORE CR2E003 (10/04)

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	ARMSTRONG, G. WILLIAM		
STREET ADDRESS	10654 SUNSET POINT LANE	CITY - ST - ZIP	
CITY - ST - ZIP	FISHERS IN 46038		
DOCUMENT #	NAME	STREET ADDRESS	
	ARMSTRONG, LINDA D		
STREET ADDRESS	10654 SUNSET POINT LANE	CITY - ST - ZIP	000000247656
CITY - ST - ZIP	FISHERS IN 46038		03/01/05-80032-019 141.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *G. Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-25-05 317-579-9746  
Date Daytime Phone #